

PLEASE ANSWER EVERY QUESTION, FRONT AND BACK, OR YOUR APPLICATION WILL BE RETURNED TO YOU

(1) Applicant:_____ Co-Applicant:_____		OFFICE USE ONLY		
(2) Address: _____ _____ _____		Home Phone: (_____)_____ Work Phone: (_____)_____ Occupation: _____		
City	State	Zip Code		
(3) Applicant's Social Security # - - - - -		Co-Applicant's Social Security # - - - - -		
(4) What is the age of the head of your household? <i>(Please check only one box & list both birth dates.)</i> 1 [] Under 18 years 2 [] 18 to 24 years 3 [] 25 to 44 years 4 [] 45 to 59 years 5 [] 60 to 64 years 6 [] 65 or older Applicant's Birth Date:____/____/____ Co-Applicant's Birth Date:____/____/____		OFFICE USE ONLY		
(5) Yearly gross income \$_____				
(6) If you have grant income, is it: 1 [] Old Age Security 4 [] AFDC		2 [] Aid to Totally Disabled 5 [] Social Security (SSI) 3 [] Aid to the Blind 6 [] Combination of Several		
(7) What is the sex of the head of your household? 1 [] Male 2 [] Female				
(8) Marital Status: 1 [] Married 2 [] Separated 3 [] Unmarried				
(9) What is the race/ethnicity of the head of your household? <i>(please check only one Race box, one Ethnicity box & one Language box)</i> (a) Race: 1 [] White 4 [] Asian 8 [] Black/African American & White 2 [] Black/African American 5 [] Native Hawaiian/Other Pacific Islander 9 [] Amer. Indian/Alaskan Native & Black/African Amer. 3 [] American Indian/Alaskan Native 6 [] Amer. Indian/Alaskan Native & White 10 [] Balance/Other 7 [] Asian & White (b) Ethnicity: [] Hispanic [] Non-Hispanic (c) Language: 1 [] English 2 [] Spanish 3 [] Other				
(10) Is the head of the household handicapped or disabled and receiving disability payments? [] Yes [] No				
(11) Are you an owner-occupant of the property to be repaired? [] Yes [] No 1 [] Less than 1 year 2 [] 1 to 5 years 3 [] Over 5 years 4 [] Not an owner-occupant				
(12) Total number of persons in household: _____				
Ages of any minor children: _____				
(13) How did you first hear of this program? <i>(please check only one box)</i> 1 [] Referral from Public Housing waiting list 6 [] Radio 2 [] Referral from another agency 7 [] Printed Pamphlet 3 [] Friend or relative 8 [] Community Bulletin Board 4 [] TV 9 [] At a Meeting 5 [] Newspaper 10 [] Other (specify) _____				
(14) What year was your house built? _____ What was your original purchase price? _____		What year did you buy it? _____ What is the current value of your home? _____		
(15) Please fill out the following:				
INCOME	MONTHLY	EXPENDITURES	MONTHLY PAYMENT	LOAN BALANCE
Salary (Gross)	_____	Mortgage Payment	_____	_____
Salary (Spouse)	_____	Second Mortgage	_____	_____
Salary (Other)	_____	Property Taxes	_____	_____
Rental Income	_____	Homeowner Insurance	_____	_____
Notes held on	_____	Auto Payment	_____	_____
Other property	_____			
Interest, Securities	_____			
Grant Income:		Other:		
Social Security	_____	Installment Payments	_____	_____
Veteran's Pension	_____	Credit Card Payments	_____	_____
AFDC	_____	Medical Bills, etc.	_____	_____
Disability	_____		_____	_____
Unemployment	_____		_____	_____
Retirement	_____		_____	_____
Child Support	_____		_____	_____
TOTAL MONTHLY INCOME	_____	TOTAL MONTHLY EXPENDITURES	_____	
(16) Do you know any reason you would be denied a loan? If yes, explain _____				
(17) Have you filed for bankruptcy within the last 7 years? [] Yes [] No				
(18) Names of other persons listed on property title: _____				
(19) Do you understand a lein is placed against your property until the loan is repaid? [] Yes [] No				
(20) Is your home currently for sale? [] Yes [] No				

(21) Please check the box which most nearly describes your home:

YOUR DWELLING	SEWER HOOK-UP	ELECTRICAL METER	HEATING EXISTING	ROOF MATERIAL & TYPE
<input type="checkbox"/> Single Home	<input type="checkbox"/> Municipal	<u>BOX HAS</u>	<input type="checkbox"/> Wall	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> Single Home with Detached House	<input type="checkbox"/> Tank & Pit	<input type="checkbox"/> Fuse	<input type="checkbox"/> Floor	<input type="checkbox"/> Composition Shingle
<input type="checkbox"/> Condominium	<input type="checkbox"/> Pit Only	<input type="checkbox"/> Breakers	<input type="checkbox"/> Central	<input type="checkbox"/> Roll
<input type="checkbox"/> Mobilehome*	<input type="checkbox"/> Leach Field		<input type="checkbox"/> How old____years	<input type="checkbox"/> Tile
			<input type="checkbox"/> Unvented or Gas Odor	<input type="checkbox"/> Rock
			<input type="checkbox"/> None/Inadequate	<input type="checkbox"/> Metal
			<input type="checkbox"/> Inoperative	<input type="checkbox"/> How old____years
No. of Bedrooms: _____ No. of Bathrooms: _____ Square Footage: _____				
Parcel # _____ (You can obtain # from Tax Bill)				

(22) List improvements you would like to be made to your property:

AUTHORIZATION

To the best of my knowledge, the above information is correct and accurate. I/We hereby authorize release of credit or employment and income information for my/our pending real estate loan application. I/We acknowledge that there will be no responsibility on your institution or its officers and employees for having furnished the same. We understand that all information will be kept strictly confidential.

Applicant's Signature	Co-Applicant's Signature	Date
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Effective September 15, 2000, work involving unstable Lead Based Paint or work disrupting Lead Based Paint must adhere to HUD regulations. This may involve the homeowner vacating the premises and removal of furnishings, at owner's expense, until a clearance has been obtained.

DO YOU WANT TO FIX UP YOUR HOME?

3% HOME IMPROVEMENT LOANS AVAILABLE TO
SAN BERNARDINO COUNTY HOMEOWNERS

If you need money for home improvements, maybe we can help. Low interest loans are available for qualified owner occupants in San Bernardino County. The Department of Community Development and Housing offers home rehabilitation loans from \$3,000 to \$60,000 at 3% interest to eligible homeowners (Based on sufficient equity).

TO BE ELIGIBLE YOU MUST:

1. Be an owner occupant of a single family dwelling for the last 12 consecutive months or longer and the **HOME IS NOT FOR SALE**; and

2. **Not** live in the cities of Chino, Chino Hills, Fontana, Hesperia, Ontario, Rancho Cucamonga, Rialto, San Bernardino, Upland, Victorville, or the Town of Apple Valley; and

3. Have a maximum total household income of:
- | | | | |
|--------------------|------------------------------|--------------------|------------------------------|
| 1 Person Household | \$33,150 Annual Gross Income | 5 Person Household | \$51,150 Annual Gross Income |
| 2 Person Household | \$37,900 Annual Gross Income | 6 Person Household | \$54,950 Annual Gross Income |
| 3 Person Household | \$42,600 Annual Gross Income | 7 Person Household | \$58,700 Annual Gross Income |
| 4 Person Household | \$47,350 Annual Gross Income | 8 Person Household | \$62,500 Annual Gross Income |

This program does not provide refinancing of existing debt, nor are we permitted to work on property which is FOR SALE.

*MOBILEHOME must be on private property and permanently affixed to qualify (or be willing to become permanently affixed).

This program does require a lien against the property to secure the loan. Fire insurance required to obtain loan.

MOST LOW-INCOME AND MODERATE-INCOME FAMILIES WILL QUALIFY. If net family assets exceed \$5,000, income for eligibility shall include actual income from assets, or 10% of the assets, which ever is greater. Net assets include **equity** in nonowner-occupied real property, savings, stock, bonds and other forms of capital investments.

MAIL APPLICATIONS TO:

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING
290 NORTH "D" STREET, 6TH FLOOR
SAN BERNARDINO, CA 92415-0040
(909) 388-0910

